



NOTIFICATION OF ASBESTOS RENOVATION PROJECT

BUREAU OF AIR QUALITY • ASBESTOS SECTION • 2600 BULL STREET • COLUMBIA • SC • 29201-1708

TYPE OF OPERATION: ☐ Standard Removal ☐ Emergency Removal ☐ Enclosure ☐ Encapsulation ☐ Cleanup ☐ Disposal

FOR OFFICE USE

Postmark/Received:

Original/Revised/Cancellation (circle one)

Project License I.D. (For Revisions/Cancellations):

I. FACILITY OWNER: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON _____ PHONE: _____

II. REMOVAL CONTRACTOR: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON _____ PHONE: _____

DHEC CONTRACTOR LICENSE NO. (If applicable): _____ EXPIRATION DATE (MM/DD/YYYY): _____

OTHER OPERATOR: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON _____ PHONE: _____

III. FACILITY NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ COUNTY: _____

SITE (ROOM, FLOOR, WING, UNIT, MACHINE, ETC.): _____

BUILDING SIZE: _____ NO. OF FLOORS: _____ AGE IN YEARS: _____

PRESENT USE: _____ PRIOR USE: _____ FUTURE USE: _____

IV. PROCEDURES, INCLUDING ANALYTICAL METHOD IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:

FACILITY OR FACILITY COMPONENT SURVEYED BY (INSPECTOR NAME): _____

COMPANY: _____ PHONE: _____

DHEC LICENSE NUMBER: _____ EXPIRATION DATE: _____
(MM/DD/YYYY)

V. PROJECT DESIGN PERFORMED BY (IF APPLICABLE): _____

COMPANY: _____ PHONE: _____

DHEC LICENSE NUMBER: _____ EXPIRATION DATE: _____
(MM/DD/YYYY)

VI. ASBESTOS-CONTAINING MATERIALS (ACM) **TO BE REMOVED ONLY:**

| TYPE (TSI, SURFACING, FLOORING, ROOFING, ETC.) | AMOUNT (SQUARE FEET, LINEAR FEET, CUBIC FEET) | CONDITION (CHOOSE ONE) |
|--|---|------------------------|
| | | FRIABLE NON-FRIABLE |
| | | FRIABLE NON-FRIABLE |
| | | FRIABLE NON-FRIABLE |
| | | FRIABLE NON-FRIABLE |

VII. SCHEDULED DATES OF REMOVAL: START DATE: _____ COMPLETION DATE: _____
(MM/DD/YYYY) (MM/DD/YYYY)

WORK DAYS: _____ WORK HOURS: _____

VIII. DESCRIPTION OF PLANNED ABATEMENT WORK & METHOD(S) TO BE USED:

IX. DESCRIPTION OF WORK PRACTICES & ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE RENOVATION SITE:

X. WASTE TRANSPORTER #1: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON: _____ PHONE: _____

WASTE TRANSPORTER #2: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON: _____ PHONE: _____

XI. WASTE DISPOSAL SITE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON: _____ PHONE: _____

TEMPORARY ASBESTOS STORAGE CONTAINMENT AREA LICENSE NUMBER (IF APPLICABLE): _____

XII. DESCRIPTION OF EMERGENCY REMOVAL **(PLEASE ATTACH A LETTER FROM THE FACILITY OWNER EXPLAINING THE NATURE OF THE EMERGENCY)**

DATE OF EMERGENCY (MM/DD/YYYY): _____ Hour of Emergency: _____

DESCRIPTION OF SUDDEN, UNEXPECTED EVENT:

EXPLANATION OF HOW THE EVENT CAUSED UNSAFE CONDITIONS AND/OR WOULD CAUSE EQUIPMENT DAMAGE AND/OR AN UNREASONABLE FINANCIAL BURDEN:

XIII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED OR REDUCED TO POWDER:

XIV. *I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.*

(SIGNATURE OF OWNER/OPERATOR)

(DATE - MM/DD/YYYY)

XIV. *I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.*

(SIGNATURE OF OWNER/OPERATOR)

(DATE - MM/DD/YYYY)